



PATENT
450100-02742.1

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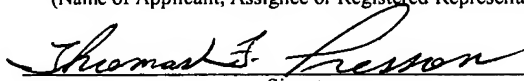
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Teppei Yokota, et al.
Serial No. : 10/732,887
Filed : December 9, 2003
For : APPARATUS AND METHOD FOR RECORDING DATA
ONTO A PREDETERMINED RECORDING MEDIUM
Examiner : Hindi, Nabil Z.
Art Unit : 2655
Confirmation No. : 6181

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Amendment, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March
22, 2005

Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)


Signature

March 22, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

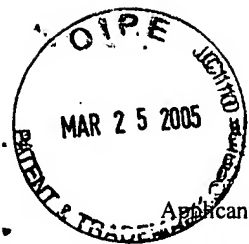
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on December 23, 2004, having a three-month statutory period for response set to expire on March 23, 2005. Please consider the following remarks.

Listing of the Claims begins on page 3 of this paper.

Remarks/Arguments begin on page 13 of this paper.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	39	Minus	** =39	* 0 x	\$50 (25)	= \$ 0
Independent claims	5	Minus	*** =5	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on March 22, 2005.

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Thomas F. Presson
Signature

March 22, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800